CLA	IMC.	ONI	17
O LM	11412.	OMI	-Y

Application Number

Filling Dale

Applicant(s)

CLAIMS AS FILED AFTER FIRST AMENIDATION AM					AFTER	AFTER SECOND			* May be used for additional claims or amendments						
	Indep.	Depend	AME	NOMENT	AME	ADMENT.			<b>★</b> ***	ापा पवा	tis of 8m	endmen(s	*********	-	
- 1		Debella	Indep	Depend	· Indép	Depend	4	-			l .		14	-	
2			-	-		1.21	4	51	Indep.	Depend	Indep	T Done /			
3							7	52	-			Depend	Idep	Dep€	
4					·	,	] `	53	·			1		-	
6							]	54	<del> </del>					-	
<del>}</del>							1 .								
B					-		<b> </b>	- 56						-	
8						*****		. 57			····				
10.						<del></del>	1 1	<u>58</u> 59						<u></u>	
								60.	-			======		-	
3								61							
4								62					==:		
8							1	63 .	-						
6						<del>:</del>	ŀ	65							
7		11					-	-66							
8					<u> </u>		. [_	67			= $=$				
0	7						-	68			<del></del>				
		T					-	70 -							
2								71							
								72							
		+					-,	73						·	
								75						<del></del>	
								·76							
		+					-	77						·	
		<del>  </del>					<i>-</i>	78 79				—— <u>                                    </u>			
<u></u>								80						<del></del>	
-								81							
		<del>  </del>						82 .						<del></del>	
		<del>' </del>						84 .			-				
-	·		·					85				-		<del></del>	
<del>-</del>								96 .							
-								87						<u></u>	
								38 19							
					二二		1-3	0		-			-		
-							9								
			1				9	2							
<del>                                     </del>							9							<del></del> -,	
-		-					. 9.						1		
1					———		96				<del></del>	<del></del>			
						-1'	97				1		-		
							. 88					1	<del> </del>		
							89						<del> </del>	-	
1	11		1-		-		100		-		1		1	-	
1:	ا لپ			1.	11.		Total	7	1	-	-			<b>-</b> .	
	<b>4</b> ).	-	<b>—</b>			1 1	Indep	-1.3			11			-	
-	1	-	· ·		_	1 1	Total	120	4		1				
	1		1		1	- I I-	Deper Total	Id I, TI							
	-		<u></u>			1. 1.	i otal Claims	151			1	-	سلنب		
							viaims	12/				1 -1			